

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesGUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN  
LIFE PAC

ADDRESS (number and street)

7 HANOVER SQUARE

C/O EDWARD KANE

☐ Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00173393

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☒ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Hurley

Signature of Treasurer

Electronically Filed by John Hurley

Date

04

21

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		10500.54
(b) Cash on Hand at Beginning of Reporting Period .....	12281.43	
(c) Total Receipts (from Line 19) .....	4645.44	10465.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16926.87	20965.66
7. Total Disbursements (from Line 31) .....	5541.72	9580.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11385.15	11385.15
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN  
LIFE PAC**

Report Covering the Period:

From:

M M D D Y Y W Y  
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y  
1 2 3 1 2 0 0 7

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4561.20	7491.20
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	84.24	2973.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	4645.44	10465.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	4645.44	10465.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4645.44	10465.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4645.44	10465.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5041.72	5080.51
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5541.72	9580.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5541.72	9580.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4645.44	10465.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4645.44	10465.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Sarah Awan-Johnson

Mailing Address 453 E14th St  
Apt. 8C

City State Zip Code  
New York NY 10009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Awan-Johnson

Mailing Address 453 E14th St  
Apt. 8C

City State Zip Code  
New York NY 10009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4231

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Sarah Awan-Johnson

Mailing Address 453 E14th St  
Apt. 8C

City State Zip Code  
New York NY 10009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4232

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Sarah Awan-Johnson

Mailing Address 453 E14th St  
Apt. 8C

City State Zip Code  
New York NY 10009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4233

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction .

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Awan-Johnson

Mailing Address 453 E14th St  
Apt. 8C

City State Zip Code  
New York NY 10009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4234

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Sarah Awan-Johnson

Mailing Address 453 E14th St  
Apt. 8C

City State Zip Code  
New York NY 10009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4099

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Burns

Mailing Address 340 Trappers Pass

City

Chanhassen

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4177

Amount of Each Receipt this Period

20.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Burns

Mailing Address 340 Trappers Pass

City

Chanhassen

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period

20.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Burns

Mailing Address 340 Trappers Pass

City

Chanhassen

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period

20.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4225

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction 3

**B.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4226

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4227

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4229

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Byrne

Mailing Address 206 Schindler Drive

City

Florham Park

State

NJ

Zip Code

07932

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4103

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berkshire Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4220

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berkshire Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4221

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berkshire Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4222

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing federal political committee.

C

Name of Employer  
Berkshire Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4223

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing federal political committee.

C

Name of Employer  
Berkshire Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4224

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

John Cifu

Mailing Address 8 Brookside Drive

City

Goshen

State

NY

Zip Code

10924

FEC ID number of contributing federal political committee.

C

Name of Employer  
Berkshire Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4110

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4215

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4216

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4217

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4219

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Michael Fleming

Mailing Address 58 Colgate Avenue

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4112

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A.

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4210

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4211

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4212

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

John Foley

Mailing Address 2 Gold St  
Apt 4703

City State Zip Code  
New York NY 10038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4114

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4205

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4207

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4209

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Alexander Grant

Mailing Address 345 Essex 57 St  
Apt 16D

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Guardian Life Insurance  
Co

Occupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4200

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4201

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4202

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4203

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Thomas Greaney

Mailing Address 33-3411 Hudson St

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period

50.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Hurley

Mailing Address 55 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period

30.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

John Hurley

Mailing Address 55 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4167

Amount of Each Receipt this Period

30.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

John Hurley

Mailing Address 55 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4168

Amount of Each Receipt this Period

30.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Hurley

Mailing Address 55 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4169

Amount of Each Receipt this Period

30.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

John Hurley

Mailing Address 55 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period

30.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

John Hurley

Mailing Address 55 Meritoria Drive

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4141

Amount of Each Receipt this Period

30.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4195

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4196

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4197

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4198

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4199

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Mondo Lee

Mailing Address 18 Nottingham Rd

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4120

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4190

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4191

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4192

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4193

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4194

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Dennis Manning

Mailing Address 81 Graenest Ridge Rd

City

Wilton

State

CT

Zip Code

06897

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period

100.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4184

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4185

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4186

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4188

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4189

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Richard O'Donnel

Mailing Address 46 Longfellow Lane

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4124

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4179

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4181

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4182

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4183

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Douglas Phipps

Mailing Address 36 Hoyt St

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4126

Amount of Each Receipt this Period

40.00

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gordon Wylie

Mailing Address 459 Fort Hill Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

24.24

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Gordon Wylie

Mailing Address 459 Fort Hill Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4161

Amount of Each Receipt this Period

24.24

Semi-Monthly Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)

Gordon Wylie

Mailing Address 459 Fort Hill Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period

24.24

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

72.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gordon Wylie

Mailing Address 459 Fort Hill Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.88

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.4163

Amount of Each Receipt this Period

24.24

Semi-Monthly Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)

Gordon Wylie

Mailing Address 459 Fort Hill Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

315.12

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period

24.24

Semi-Monthly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

48.48

**TOTAL** This Period (last page this line number only) .....

4561.20

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A.

Full Name (Last, First, Middle Initial)

PETE KING FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 1428

City  
SEAFORD

State  
NY

Zip Code  
11783

Purpose of Disbursement  
Fundraiser

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.4135

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

A.

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW  
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4133

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JPMorgan Chase

Mailing Address Box 260180

City Baton Rouge State LA Zip Code 70826

Purpose of Disbursement  
PAC Checking Account Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4237

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

5.13

C.

Full Name (Last, First, Middle Initial)

JPMorgan Chase

Mailing Address Box 260180

City Baton Rouge State LA Zip Code 70826

Purpose of Disbursement  
PAC Checking Account Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4238

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

13.47

SUBTOTAL of Disbursements This Page (optional) .....

5018.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)

**A.**

Full Name (Last, First, Middle Initial)

JPMorgan Chase

Mailing Address Box 260180

City  
Baton Rouge

State  
LA

Zip Code  
70826

Purpose of Disbursement  
PAC Checking Account Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4240

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

11.49

**B.**

Full Name (Last, First, Middle Initial)

JPMorgan Chase

Mailing Address Box 260180

City  
Baton Rouge

State  
LA

Zip Code  
70826

Purpose of Disbursement  
PAC Checking Account Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4147

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

11.63

**SUBTOTAL** of Disbursements This Page (optional) .....

23.12

**TOTAL** This Period (last page this line number only) .....

5041.72